

**STATE OF COLORADO
OFFICE OF ADMINISTRATIVE COURTS**

1525 Sherman Street, 4th Floor, Denver, CO 80203 Fax: (303)866-5909
1259 Lake Plaza Drive, Suite 230, Colo. Springs, CO 80906 Fax: (719) 576-2978
222 S. 6th Street, Suite 414, Grand Jct., CO 81501 Fax: (970)248-7341

Claimant,

vs.

Employer, and

Respondent.

▲ COURT USE ONLY ▲

WC NUMBER:

DATE OF INJURY:

APPLICATION FOR HEARING - DISFIGUREMENT ONLY (RULE 10, OACRP)

The claimant requests a determination of additional compensation for permanent disfigurement. Section 8-42-108, C.R.S. Disfigurement will be the only issue determined at the hearing and the claimant will be the only witness, unless a response is filed adding affirmative defenses and listing additional witnesses.

The opposing party may file a response to this Application for Hearing - Disfigurement Only within 10 days of the mailing or delivery of this Application for Expedited Hearing.

The Office of Administrative Courts will set the matter for hearing and send a written Notice of Hearing to the parties.

X _____
Signature Attorney Registration Number

First Name _____ Last Name: _____ Middle Initial _____ Suffix _____

Company _____

Address _____

City _____ State ____ Zip ____ Phone _____

E-mail _____

I hereby certify that I mailed or delivered the original of the Application For Hearing - Disfigurement Only (Rule 10, OACRP) to all parties at the addresses shown below: (A claimant must provide a copy to the employer and the insurer, or their attorney.):

Claimant/Responent or their Representative:	First Name _____ Last Name: _____ Middle Initial _____ Suffix _____ Company _____ Address _____ City _____ State ____ Zip ____ Phone _____ E-mail _____
Employer or their Representative:	First Name _____ Last Name: _____ Middle Initial _____ Suffix _____ Company _____ Address _____ City _____ State ____ Zip ____ Phone _____ E-mail _____
Other:	First Name _____ Last Name: _____ Middle Initial _____ Suffix _____ Company _____ Address _____ City _____ State ____ Zip ____ Phone _____ E-mail _____
Signature _____ Date Mailed _____	

REV 11/13